

Fill in this information to identify the case:

Debtor name **North Philadelphia Health System**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

Case number (if known) **16-18931-mdc**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | | Total claim | Priority amount |
|-----|---|--|-------------------|-------------------|
| 2.1 | Priority creditor's name and mailing address Alberto Millos, M.D. 7941 New Second Street Elkins Park, PA 19027 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,002.10 | \$3,002.10 |
| | Date or dates debt was incurred April 2011 | Basis for the claim: Employee Claim | | |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | | |
| 2.2 | Priority creditor's name and mailing address Alex Jessly, C.R.N.P 6500 Tabor Avenue Philadelphia, PA 19111-5332 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$838.00 | \$838.00 |
| | Date or dates debt was incurred September 2016 | Basis for the claim: Employee Expenses | | |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | | |

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| 2.3 | Priority creditor's name and mailing address Alvin Scott McNeal, D.O. 2014 Jesse Circle Collegeville, PA 19426 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$873.00 \$873.00 |
| | Date or dates debt was incurred September 2015 | Basis for the claim: Employment Services | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 2.4 | Priority creditor's name and mailing address Elena Y. Karzova, M.D. 2350 Tremont Street Unit 303 Philadelphia, PA 19155 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,029.38 \$1,029.38 |
| | Date or dates debt was incurred Dceember 2016 | Basis for the claim: Employee Reimbursement | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 2.5 | Priority creditor's name and mailing address Girish J. Shah, M.D. 801 W. Girard Avenue Philadelphia, PA 19122 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,413.00 \$1,413.00 |
| | Date or dates debt was incurred October 2016 | Basis for the claim: Mcare Premium | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 2.6 | Priority creditor's name and mailing address Jasmine K. Gill, M.D. 561 Fairthorne Ave Philadelphia, PA 19128 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,154.00 \$1,154.00 |
| | Date or dates debt was incurred December 2016 | Basis for the claim: Employee Expenses | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| Debtor | Name | Case number (if known) | 16-18931-mdc | |
|--------|--|--|-----------------|-----------------|
| 2.7 | Priority creditor's name and mailing address Joji Thomas, C.R.N.P. 9659 Sandanne Road Philadelphia, PA 19115-2727 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$769.00 | \$769.00 |
| | Date or dates debt was incurred August 2016 | Basis for the claim: Employee Expenses | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.8 | Priority creditor's name and mailing address Kenneth J. Martin, D.P.M. 788 Periwinkle Drive Wynnewood, PA 19096 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$248.14 | \$248.14 |
| | Date or dates debt was incurred August 2015 | Basis for the claim: Employee Expenses | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.9 | Priority creditor's name and mailing address Lisa D. Prybella, R.N. | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$370.00 | \$370.00 |
| | Date or dates debt was incurred June 2015 | Basis for the claim: Employee Expenses | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.10 | Priority creditor's name and mailing address Lisa M. Maldonado, M.D. 628 W. Germantown Pike Lafayette Hill, PA 19144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$817.80 | \$817.80 |
| | Date or dates debt was incurred December 2016 | Basis for the claim: Employee Expenses | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|--|--|------------------------|-------------------|-------------------|
| Name | | | | | |
| 2.11 | Priority creditor's name and mailing address Mao-Hsiung Chen, M.D 1724 Waterford Way Maple Glen, PA 19002 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$600.00 | \$600.00 |
| Date or dates debt was incurred April 2014 | | Basis for the claim: Employee Expenses | | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 2.12 | Priority creditor's name and mailing address Mohammad Sayeed, M.D. 201 Foulke Lane Springfield, PA 19064 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$1,250.00 | \$1,250.00 |
| Date or dates debt was incurred December 2015 | | Basis for the claim: Employee Expenses | | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 2.13 | Priority creditor's name and mailing address Monika T. Van Sant, D.O. 4324 Frankford Ave. Philadelphia, PA 19124 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$1,944.17 | \$1,944.17 |
| Date or dates debt was incurred March 2014 | | Basis for the claim: Employee Expenses | | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 2.14 | Priority creditor's name and mailing address Mr. Esteban Raspaldo 170 West Oxford Street Philadelphia, PA 19122 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$33.40 | \$33.40 |
| Date or dates debt was incurred May 2015 | | Basis for the claim: Employee Expense | | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

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| Debtor | North Philadelphia Health System <small>Name</small> | Case number (if known) | 16-18931-mdc |
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|------|---|--|-------------------|-------------------|
| 2.15 | Priority creditor's name and mailing address Mr. James Glendora 1406 E. Mt Pleasant Ave Philadelphia, PA 19150-2004 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,426.00 | \$1,426.00 |
| | Date or dates debt was incurred April 2014 | Basis for the claim: Employee Expense | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|---|--|-------------------|-------------------|
| 2.16 | Priority creditor's name and mailing address Mr. Jose Tirado | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,500.00 | \$1,500.00 |
| | Date or dates debt was incurred October 2016 | Basis for the claim: Employee Expenses | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|--|--|-----------------|-----------------|
| 2.17 | Priority creditor's name and mailing address Mr. Tony Iero 801 W. Girard Avenue Philadelphia, PA 19122 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$477.65 | \$477.65 |
| | Date or dates debt was incurred September 2016 | Basis for the claim: Employee Expenses | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|---|--|-------------------|-------------------|
| 2.18 | Priority creditor's name and mailing address Ms. Ada Colon | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,500.00 | \$1,500.00 |
| | Date or dates debt was incurred August 2016 | Basis for the claim: Employee Claim | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|--|-------------------|-------------------|
| 2.19 | Priority creditor's name and mailing address Ms. Aisha Neal 6028 Cobbs Creek Parkway Lansdowne, PA 19050-8214 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$570.00 | \$570.00 |
| | Date or dates debt was incurred December 2016 | Basis for the claim: Employee Claim | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.20 | Priority creditor's name and mailing address Ms. Catherine E. Kutzler 1416 Pepper Road Rydal, PA 19046-2323 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$342.70 | \$342.70 |
| | Date or dates debt was incurred October 2015 | Basis for the claim: Employment Obligations | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.21 | Priority creditor's name and mailing address Ms. Ella Gutman | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,500.00 | \$1,500.00 |
| | Date or dates debt was incurred May 2015 | Basis for the claim: Employee Expense | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.22 | Priority creditor's name and mailing address Ms. Frieda Stewart | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$175.00 | \$175.00 |
| | Date or dates debt was incurred December 2016 | Basis for the claim: Employee Expense | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|--|-------------------|-------------------|
| 2.23 | Priority creditor's name and mailing address Ms. Jodi West-Brooks 119 Hilldale Road Lansdowne, PA 19050 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$799.00 | \$799.00 |
| | Date or dates debt was incurred August 2016 | Basis for the claim: Employee Expenses | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.24 | Priority creditor's name and mailing address Ms. Laura Boston-Jones 801 W. Girard Avenue Philadelphia, PA 19122 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$458.00 | \$458.00 |
| | Date or dates debt was incurred November 2016 | Basis for the claim: Employee Expenses | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.25 | Priority creditor's name and mailing address Ms. Leslie Sorg, R.N. | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$200.00 | \$200.00 |
| | Date or dates debt was incurred March 2015 | Basis for the claim: Employee Expenses | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.26 | Priority creditor's name and mailing address Ms. Linda Tucker | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,500.00 | \$1,500.00 |
| | Date or dates debt was incurred April 2013 | Basis for the claim: Employee Expenses | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.27 | Priority creditor's name and mailing address Ms. Marian Sidebotham | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$170.00 \$170.00 |
| | Date or dates debt was incurred June 2015 | Basis for the claim: Employee Expenses | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 2.28 | Priority creditor's name and mailing address Ms. Maribel Gonzalez | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,500.00 \$1,500.00 |
| | Date or dates debt was incurred November 2016 | Basis for the claim: Employee Expenses | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 2.29 | Priority creditor's name and mailing address Ms. Rony Sunjo | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$1,500.00 \$1,500.00 |
| | Date or dates debt was incurred October 2011 | Basis for the claim: Employee Expenses | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 2.30 | Priority creditor's name and mailing address Steven Mill, M.D. 1600 Haggys Road Apartment 10F Narberth, PA 19072 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$16,898.74 \$12,850.00 |
| | Date or dates debt was incurred November 2010 | Basis for the claim: Employee Reimbursements | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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|------|---|--|-------------------|-------------------|
| 2.31 | Priority creditor's name and mailing address Trasi Lynn Crumrin, D.O. Covenant Medical Group 3037 Silverwood Dr Saginaw, MI 48603 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,500.00 | \$1,500.00 |
| | Date or dates debt was incurred | Basis for the claim: Employee Expenses | | |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | | |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | | Amount of claim | |
|-----|--|--|--------------------|--|
| 3.1 | Nonpriority creditor's name and mailing address 3M Tech PO Box 371227 Pittsburgh, PA 15250 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$31,690.59 | |
| 3.2 | Nonpriority creditor's name and mailing address A Helping Hand Healthmed 609 Abbey Court Benicia, CA 94510-3733 Date(s) debt was incurred <u>June 2016</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$731.95 | |
| 3.3 | Nonpriority creditor's name and mailing address A Plus Ultrasound Temps 900 W 49 St. 3 530 Hialeah, FL 33012 Date(s) debt was incurred <u>March 2014</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$14,400.00 | |
| 3.4 | Nonpriority creditor's name and mailing address AACPM 15850 Cranes Branch Way Suite 320 Rockwood, MD 20855 Date(s) debt was incurred <u>June 2015</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,350.00 | |
| 3.5 | Nonpriority creditor's name and mailing address Abbott Laboratories PO Box 100997 Atlanta, GA 30384-0997 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$279.00 | |

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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.6 | Nonpriority creditor's name and mailing address Ability Network Inc Dept Ch 16577 Palatine, IL 60055-6577 Date(s) debt was incurred <u>November 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,560.00 |
| | | | |
| 3.7 | Nonpriority creditor's name and mailing address Accent PO Box 952366 Saint Louis, MO 63195 Date(s) debt was incurred <u>November 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$150.00 |
| | | | |
| 3.8 | Nonpriority creditor's name and mailing address Access Systems Integration 1 Industrial Way W Attn: Andrew Benson, Project Manager Eatontown, NJ 07724 Date(s) debt was incurred <u>2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lease Obligations</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$321,113.00 |
| | | | |
| 3.9 | Nonpriority creditor's name and mailing address Accounts Recovery Bureau P.O. Box 6768 Wyomissing, PA 19610-0786 Date(s) debt was incurred <u>February 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection Agency</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
| | | | |
| 3.10 | Nonpriority creditor's name and mailing address ADP PO Box 7247-0351 Philadelphia, PA 19170 Date(s) debt was incurred <u>September 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$38,181.54 |
| | | | |
| 3.11 | Nonpriority creditor's name and mailing address Aelitho Offset Printers 450 Broad Street PO Box 9000 Beverly, NJ 08010 Date(s) debt was incurred <u>May 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,816.20 |
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| 3.12 | Nonpriority creditor's name and mailing address Aesculap Inc. PO Box 780426 Philadelphia, PA 19178-0426 Date(s) debt was incurred <u>April 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,924.99 |

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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.13 | Nonpriority creditor's name and mailing address Aesynt Inc PO Box 787521 Philadelphia, PA 19178-7521 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$35,208.00 |
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| 3.14 | Nonpriority creditor's name and mailing address Aetna Life Insurance Co Recovery Department 29406 Reliable Parkway July 2013, IL 60686-0294 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,474.02 |
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| 3.15 | Nonpriority creditor's name and mailing address Agfa Healthcare Corp. 10 South Academy Street Greenville, SC 29601 Date(s) debt was incurred <u>May 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$432,000.00 |
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| 3.16 | Nonpriority creditor's name and mailing address Aiecycle Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,925.00 |
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| 3.17 | Nonpriority creditor's name and mailing address Akin Gump Strauss Hauer & Feld 2001 Market Street Dept. 7247-6827 Philadelphia, PA 19103 Date(s) debt was incurred <u>February 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,000.00 |
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| 3.18 | Nonpriority creditor's name and mailing address Albert Einstein Medical PO Box 8500 -7135 Philadelphia, PA 19141 Date(s) debt was incurred <u>July 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
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| 3.19 | Nonpriority creditor's name and mailing address Alere North America, Inc PO Box 846153 Boston, MA 02284-6153 Date(s) debt was incurred <u>July 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$18,040.00 |
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| Debtor | North Philadelphia Health System <small>Name</small> | Case number (if known) | 16-18931-mdc |
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| 3.20 | Nonpriority creditor's name and mailing address Alert Plumbing & Heating 811 Stephen Road Warminster, PA 18974 Date(s) debt was incurred <u>July 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$26,500.00 |
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| 3.21 | Nonpriority creditor's name and mailing address Aleyamma Mathew, M.D. 5411 Old Frederick Rd #9 Baltimore, MD 21229 Date(s) debt was incurred <u>March 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$695.00 |
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| 3.22 | Nonpriority creditor's name and mailing address Ali Kadhoda, D.O. 1601 W. Girard Avenue Philadelphia, PA 19130 Date(s) debt was incurred <u>November 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$781.00 |
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| 3.23 | Nonpriority creditor's name and mailing address Alliqua Biomedical PO Box 926496 Philadelphia, PA 19182-6496 Date(s) debt was incurred <u>March 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,526.80 |
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| 3.24 | Nonpriority creditor's name and mailing address Ama Remittance Control Classified Advertising PO Box 75888 Chicago, IL 60675-5888 Date(s) debt was incurred <u>July 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$640.10 |
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| 3.25 | Nonpriority creditor's name and mailing address American Arbitration Ass'n 230 South Broad Street Philadelphia, PA 19102 Date(s) debt was incurred <u>March 2012</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,900.00 |
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| 3.26 | Nonpriority creditor's name and mailing address American Osteopathic Association 142 E. Ontario Street Chicago, IL 60611-2864 Date(s) debt was incurred <u>December 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,468.00 |
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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.27 | Nonpriority creditor's name and mailing address American Red Cross PO Box 33093 Newark, NJ 07188-0093 Date(s) debt was incurred <u>February 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,631.76 |
| | | | |
| 3.28 | Nonpriority creditor's name and mailing address Ameritas Life Insurance PO Box 56687 Lincoln, NE 68501 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,294.75 |
| | | | |
| 3.29 | Nonpriority creditor's name and mailing address Amnioc 8305 NW 27th Street Suite 101 Miami, FL 33122 Date(s) debt was incurred <u>October 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$14,493.00 |
| | | | |
| 3.30 | Nonpriority creditor's name and mailing address Angiodynamics PO Box 1549 Albany, NY 12201-1549 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$638.17 |
| | | | |
| 3.31 | Nonpriority creditor's name and mailing address AODME 142 E Ontario Street Chicago, IL 60661 Date(s) debt was incurred <u>September 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$300.00 |
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| 3.32 | Nonpriority creditor's name and mailing address Apex Asset Management LLC PO Box 5907 Lancaster, PA 17606-5407 Date(s) debt was incurred <u>August 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
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| 3.33 | Nonpriority creditor's name and mailing address Ardus Biomedical PO Box 23128 Cincinnati, OH 45223-0128 Date(s) debt was incurred <u>January 2012</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,243.45 |

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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.34 | Nonpriority creditor's name and mailing address Aria Health 10800 Knights Road Philadelphia, PA 19114 Date(s) debt was incurred <u>March 2010</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
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| 3.35 | Nonpriority creditor's name and mailing address Arizant 10351 West 7th Street Eden Prairie, MN 55344 Date(s) debt was incurred <u>September 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
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| 3.36 | Nonpriority creditor's name and mailing address Arjohuntleigh Inc. PO Box 644960 Pittsburgh, PA 15264 Date(s) debt was incurred <u>April 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,552.00 |
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| 3.37 | Nonpriority creditor's name and mailing address Armstrong Medical Inc 575 Knightsridge Pkwy Lincolnshire, IL 60069 Date(s) debt was incurred <u>September 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$555.54 |
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| 3.38 | Nonpriority creditor's name and mailing address Arthrex 829 Lincoln Avenue, Suite C-1 Attn: Dave Evans, Capital Manager West Chester, PA 19380 Date(s) debt was incurred <u>2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$108,418.89 |
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| 3.39 | Nonpriority creditor's name and mailing address ASD Healthcare PO Box 848104 Dallas, TX 75264-8104 Date(s) debt was incurred <u>June 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,943.45 |
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| 3.40 | Nonpriority creditor's name and mailing address AT&T PO Box 5094 Carol Stream, IL 60197-5094 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,126.41 |
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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
| 3.41 | Nonpriority creditor's name and mailing address Atlantic Diagnostic Laboratories 3520 Progress Drive Bensalem, PA 19020 Date(s) debt was incurred <u>July 2014</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$235,841.74 |
| 3.42 | Nonpriority creditor's name and mailing address Axion LLC 1430 Broadway New York, NY 10018 Date(s) debt was incurred <u>September 2016</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$20,586.50 |
| 3.43 | Nonpriority creditor's name and mailing address B. Braun Interventional Systems 824 Twelfth Street Bethlehem, PA 18018-3524 Date(s) debt was incurred <u>April 2015</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,350.00 |
| 3.44 | Nonpriority creditor's name and mailing address Baker Healthcare Attn. Karen K. Siders 4251 Reliable Parkway Chicago, IL 60686-0042 Date(s) debt was incurred _ Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$836.00 |
| 3.45 | Nonpriority creditor's name and mailing address Beckman Coulter, Inc. 250 South Brea Boulevard Brea, CA 92822-8000 Date(s) debt was incurred <u>November 2015</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt05</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$266,000.00 |
| 3.46 | Nonpriority creditor's name and mailing address Behavioral Safety Products 29A N. Main Street Suite 3 Watkinsville, GA 30677 Date(s) debt was incurred <u>August 2016</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,669.37 |
| 3.47 | Nonpriority creditor's name and mailing address Bell Medical Inc. PO Box 771470 Saint Louis, MO 63177-9816 Date(s) debt was incurred <u>August 2013</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,271.33 |

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| Debtor | North Philadelphia Health System <small>Name</small> | Case number (if known) | 16-18931-mdc |
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| 3.48 | Nonpriority creditor's name and mailing address Bio Medical Products Corp 10 Halstead Road Mendham, NJ 07945 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$409.90 |
| | | | |
| 3.49 | Nonpriority creditor's name and mailing address Bio-Medical Applications of PA, Inc. Fresenius 630 W. Germantown Pike Plymouth Meeting, PA 19462 Date(s) debt was incurred <u>March 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$240,475.00 |
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| 3.50 | Nonpriority creditor's name and mailing address Bio-Rad Laboratories Inc. Clinical Diagnostics Div. PO Box 849740 Los Angeles, CA 90084 Date(s) debt was incurred <u>September 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,467.49 |
| | | | |
| 3.51 | Nonpriority creditor's name and mailing address Biomerieux Vitek, Inc. 100 Rodolfe Street Durham, NC 27712 Date(s) debt was incurred <u>December 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$24,018.70 |
| | | | |
| 3.52 | Nonpriority creditor's name and mailing address Biomet Biologics 75 Remittance Drive Suite 3283 Chicago, IL 60675-3283 Date(s) debt was incurred <u>December 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,797.69 |
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| 3.53 | Nonpriority creditor's name and mailing address Bionix Development Corp PO Box 935 Toledo, OH 43697 Date(s) debt was incurred <u>November 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$116.45 |
| | | | |
| 3.54 | Nonpriority creditor's name and mailing address Boxwood Technology Inc 11350 McCormick Road Hunt Valley, MD 21031 Date(s) debt was incurred <u>July 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,100.00 |

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| Debtor | North Philadelphia Health System <small>Name</small> | Case number (if known) | 16-18931-mdc |
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| 3.55 | Nonpriority creditor's name and mailing address BP Business Solutions PO Box 70995 Charlotte, NC 28272-0995 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,403.11 |
| | | | |
| 3.56 | Nonpriority creditor's name and mailing address Brasseler USA Medical LLC One Brasseler Blvd Savannah, GA 31419 Date(s) debt was incurred <u>February 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$131.70 |
| | | | |
| 3.57 | Nonpriority creditor's name and mailing address Brink's Incorporated 7373 Solutions Center Chicago, IL 60677-7003 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,756.28 |
| | | | |
| 3.58 | Nonpriority creditor's name and mailing address Bryn Mawr Hospital Patient Payments PO Box 8500-4950 Philadelphia, PA 19178-0001 Date(s) debt was incurred <u>June 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
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| 3.59 | Nonpriority creditor's name and mailing address BSB Leasing Inc. PO Box 3704 Seattle, WA 98124-3704 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,099.44 |
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| 3.60 | Nonpriority creditor's name and mailing address Buzby & Kutzler 1416 Pepper Road Rydal, PA 19046-2323 Date(s) debt was incurred <u>April 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$16,216.72 |
| | | | |
| 3.61 | Nonpriority creditor's name and mailing address Canterbury Consultants The William Penn House Apt 2215 Philadelphia, PA 19103 Date(s) debt was incurred <u>June 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$154,000.00 |

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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.62 | Nonpriority creditor's name and mailing address Cardinal Health Medical Products & Service PO Box 70539 Chicago, IL 60673 Date(s) debt was incurred <u>December 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$91,643.71 |
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| 3.63 | Nonpriority creditor's name and mailing address Cardinal Health Nuclear Pharmacy Service PO Box 70609 Chicago, IL 60673-0609 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$60,860.43 |
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| 3.64 | Nonpriority creditor's name and mailing address Carefusion Alaris Products 25565 Network Place Rocky Hill, CT 06067-3000 Date(s) debt was incurred <u>September 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$56,883.20 |
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| 3.65 | Nonpriority creditor's name and mailing address Carefusion Solutions LLC Pyxis Products 25082 Network Place Chicago, IL 60673-1250 Date(s) debt was incurred <u>October 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$681.00 |
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| 3.66 | Nonpriority creditor's name and mailing address Central Admixture Pharmacy PO Box 512435 Philadelphia, PA 19175-2435 Date(s) debt was incurred <u>April 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,291.75 |
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| 3.67 | Nonpriority creditor's name and mailing address Centurion Medical Products PO Box 842816 Boston, MA 02284-2816 Date(s) debt was incurred <u>July 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$17,990.28 |
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| 3.68 | Nonpriority creditor's name and mailing address Cerner 51 Valley Stream Parkway Attn: Nick Kozlowski Malvern, PA 19355-1406 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$693,570.00 |
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| Debtor | North Philadelphia Health System <small>Name</small> | Case number (if known) | 16-18931-mdc |
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| 3.69 | Nonpriority creditor's name and mailing address CHCA Date(s) debt was incurred <u>May 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$200.00 |
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| 3.70 | Nonpriority creditor's name and mailing address CHG-Meridian USA Corp 260 N Charles Lindbergh Drive NJ 08416 Date(s) debt was incurred <u>November 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$88,894.00 |
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| 3.71 | Nonpriority creditor's name and mailing address Children's Hospital of Philadelphia Hospital Billing 3401 Civic Center Blvd, Philadelphia, PA 19104 Date(s) debt was incurred <u>March 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,000.00 |
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| 3.72 | Nonpriority creditor's name and mailing address Christiana Care PO Box 101926 Birmingham, AL 35210 Date(s) debt was incurred <u>December 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,315.00 |
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| 3.73 | Nonpriority creditor's name and mailing address Christie & Young, Attorneys Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.74 | Nonpriority creditor's name and mailing address Christie & Young, Attorneys 1880 John F Kennedy Blvd, 10th Floor Philadelphia, PA 19103 Date(s) debt was incurred <u>2015-2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services for Self-Insured Liability Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
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| 3.75 | Nonpriority creditor's name and mailing address Cintas Corporation PO Box 630803 Cincinnati, OH 45263 Date(s) debt was incurred <u>February 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,292.96 |
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| Debtor | North Philadelphia Health System | Case number (if known) | 16-18931-mdc |
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| 3.76 | Nonpriority creditor's name and mailing address College Of American Pathologists PO Box 71698 Chicago, IL 60694-1698 Date(s) debt was incurred <u>January 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,831.00 |
| 3.77 | Nonpriority creditor's name and mailing address Colomy Painting & Decorating 210 West Girard Ave Philadelphia, PA 19123 Date(s) debt was incurred <u>November 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,148.79 |
| 3.78 | Nonpriority creditor's name and mailing address Columbia Heating Supply PO Box 377 Pottstown, PA 19464 Date(s) debt was incurred <u>March 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$45.17 |
| 3.79 | Nonpriority creditor's name and mailing address Commonwealth of Pennsylvania Department of Labor & Industries Office of Unemployment Compensation Tax 651 Boas Street, 10th Floor Harrisburg, PA 17121 Date(s) debt was incurred <u>July 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>UC Reimbursement Obligations</u> <u>Subsequent to Docketed Judgments</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$820,559.00 |
| 3.80 | Nonpriority creditor's name and mailing address Commonwealth of Pennsylvania Department of Social Services 2589 Interstate Drive Harrisburg, PA 17110 Date(s) debt was incurred <u>April 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Reimbursements</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,841.47 |
| 3.81 | Nonpriority creditor's name and mailing address Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs 625 Forster Street Harrisburg, PA 17110 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider Advances</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$980,932.00 |
| 3.82 | Nonpriority creditor's name and mailing address Community Behavioral Health 801 Market Street 7th Floor Philadelphia, PA 19107 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Advances on Provider Billings</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,800,000.00 |

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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.83 | Nonpriority creditor's name and mailing address Complete Collection Service 4833 N Dixie Hwy Fort Lauderdale, FL 33334 Date(s) debt was incurred <u>March 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Collection Agency</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
| | | | |
| 3.84 | Nonpriority creditor's name and mailing address Compugroup Medical 10715 Red Run Blvd Suite 101 Owings Mills, MD 21117 Date(s) debt was incurred <u>October 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,032.00 |
| | | | |
| 3.85 | Nonpriority creditor's name and mailing address Conifer Health Solutions Hahnemann University Hospital Broad and Vine Streets Philadelphia, PA 19102 Date(s) debt was incurred <u>April 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
| | | | |
| 3.86 | Nonpriority creditor's name and mailing address Cook Medical 22988 Network Place Chicago, IL 60673 Date(s) debt was incurred <u>My 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,046.41 |
| | | | |
| 3.87 | Nonpriority creditor's name and mailing address Cooper University Hospital 1 Cooper Plaza Camden, NJ 08103 Date(s) debt was incurred <u>June 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
| | | | |
| 3.88 | Nonpriority creditor's name and mailing address CortechUSA 7500 Plaza Court Willowbrook, IL 60527 Date(s) debt was incurred <u>June 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$37,339.00 |
| | | | |
| 3.89 | Nonpriority creditor's name and mailing address CPI 10850 W Park Place Suite 600 Milwaukee, WI 53224 Date(s) debt was incurred <u>September 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$729.50 |

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| Debtor | North Philadelphia Health System <small>Name</small> | Case number (if known) | 16-18931-mdc |
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| 3.90 | Nonpriority creditor's name and mailing address Crozer-Keystone Health System PO Box 8500-5205 Philadelphia, PA 19178 Date(s) debt was incurred <u>May 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
| | | | |
| 3.91 | Nonpriority creditor's name and mailing address D.N.E. LLC 3570 Hamilton Blvd Allentown, PA 18103 Date(s) debt was incurred <u>November 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,000.00 |
| | | | |
| 3.92 | Nonpriority creditor's name and mailing address DCA Financial 724 Davis Road Barrington, NJ 08007 Date(s) debt was incurred <u>February 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,250.00 |
| | | | |
| 3.93 | Nonpriority creditor's name and mailing address Delaware Valley Community Health 1412 Fairmount Avenue 2nd Floor Philadelphia, PA 19130 Date(s) debt was incurred <u>January 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$930.00 |
| | | | |
| 3.94 | Nonpriority creditor's name and mailing address Depot International Dept Ch 17622 Palatine, IL 60055-7522 Date(s) debt was incurred <u>February 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$165.99 |
| | | | |
| 3.95 | Nonpriority creditor's name and mailing address Depuy Synthes Sales Inc PO Box 8538-662 Philadelphia, PA 19171-0662 Date(s) debt was incurred <u>October 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,057.66 |
| | | | |
| 3.96 | Nonpriority creditor's name and mailing address Dispute Resolution Institute Two Logan Square Suite 660 Philadelphia, PA 19103 Date(s) debt was incurred <u>June 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,510.75 |

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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.97 | Nonpriority creditor's name and mailing address District 1199C NUHCE Group Legal Fund Nicole Nicholas, Administrator 1319 Locust Street Philadelphia, PA 19107 Date(s) debt was incurred <u>Various Times</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Union Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$53,246.26 |
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| 3.98 | Nonpriority creditor's name and mailing address District 1199C Training & Upgrading Fund Cheryl Feldman, Executive Director 100 S. Broad Street, Philadelphia, PA 19110 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Union Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$40,000.00 |
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| 3.99 | Nonpriority creditor's name and mailing address Draeger Medical Inc. PO Box 536432 Pittsburgh, PA 15253-5906 Date(s) debt was incurred <u>November 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,933.10 |
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| 3.100 | Nonpriority creditor's name and mailing address Drexel University College of Medicine 1427 Vine Street Rm 405 Philadelphia, PA 19102 Date(s) debt was incurred <u>October 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$34,416.41 |
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| 3.101 | Nonpriority creditor's name and mailing address Easton Chemical PO Box 25915 Baltimore, MD 21224 Date(s) debt was incurred <u>October 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,354.58 |
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| 3.102 | Nonpriority creditor's name and mailing address Ecolab Pest Elimination Division PO Box 905327 Charlotte, NC 28290-5327 Date(s) debt was incurred <u>March 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,962.63 |
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| 3.103 | Nonpriority creditor's name and mailing address Emergency Systems Service Company 401 O'Neill Drive Quakertown, PA 18981 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,591.00 |
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| Debtor | North Philadelphia Health System | Case number (if known) | 16-18931-mdc |
| Name | | | |
| 3.104 | Nonpriority creditor's name and mailing address Empire Ambulance 1987 Pioneer Road Huntingdon Valley, PA 19006 Date(s) debt was incurred <u>November 2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,110.00 |
| 3.105 | Nonpriority creditor's name and mailing address Env Services 2880 Bergey Road Suite K Hatfield, PA 19440 Date(s) debt was incurred <u>June 2015</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$850.00 |
| 3.106 | Nonpriority creditor's name and mailing address Environmental & Engineering Solutions In 25 Washington Lane Wyncote, PA 19095 Date(s) debt was incurred <u>May 2016</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,630.00 |
| 3.107 | Nonpriority creditor's name and mailing address ESIS PO Box 6566 Scranton, PA 18505 Date(s) debt was incurred <u>June 2015</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$96.19 |
| 3.108 | Nonpriority creditor's name and mailing address Executive Health Resources, Inc. 3797 Momentum Place Chicago, IL 60689 Date(s) debt was incurred <u>October 2015</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$114,888.80 |
| 3.109 | Nonpriority creditor's name and mailing address F C Haab Co. Inc. 2314 Market Street Philadelphia, PA 19103 Date(s) debt was incurred <u>September 2014</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$473.12 |
| 3.110 | Nonpriority creditor's name and mailing address Faraco Knife & Slicer Co 2260 E Buck Rd Pennsburg, PA 18073 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$190.00 |

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| Debtor | North Philadelphia Health System <small>Name</small> | Case number (if known) | 16-18931-mdc |
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| 3.111 | Nonpriority creditor's name and mailing address FDR Services Corp 44 Newmans Court Hempstead, NY 11550-4815 Date(s) debt was incurred <u>November 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$14,037.84 |
| | | | |
| 3.112 | Nonpriority creditor's name and mailing address FNDC 1729 Wylie Street Philadelphia, PA 19130 Date(s) debt was incurred <u>July 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,607.50 |
| | | | |
| 3.113 | Nonpriority creditor's name and mailing address Ford Motor Credit Co Box 220564 Pittsburgh, PA 15257-2564 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$378.95 |
| | | | |
| 3.114 | Nonpriority creditor's name and mailing address Fox Chase Cancer Center PO Box 827200 Philadelphia, PA 19182-7200 Date(s) debt was incurred <u>April 2012</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
| | | | |
| 3.115 | Nonpriority creditor's name and mailing address Fried Brothers 467 N. 7th Street Philadelphia, PA 19123 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$216.00 |
| | | | |
| 3.116 | Nonpriority creditor's name and mailing address Friends Behavioral 4641 Roosevelt Blvd. Philadelphia, PA 19124 Date(s) debt was incurred <u>March 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
| | | | |
| 3.117 | Nonpriority creditor's name and mailing address Gateway Risk Services 1946 Menold Dr, Allison Park, PA 15101 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NPHS Self-Insurance Plan Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |

| Debtor | North Philadelphia Health System | Case number (if known) | 16-18931-mdc |
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| 3.118 | Nonpriority creditor's name and mailing address GlaxoSmithKline Pharmaceuticals P.O. Box 740415 Atlanta, GA 30374-0415 Date(s) debt was incurred <u>October 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,584.22 |
| 3.119 | Nonpriority creditor's name and mailing address Glenside Prescription Center 7601 Castor Avenue Philadelphia, PA 19152 Date(s) debt was incurred <u>October 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$135.70 |
| 3.120 | Nonpriority creditor's name and mailing address Global Medical Devices, Inc. 1215 Cuyamaca Street El Cajon, CA 92020 Date(s) debt was incurred <u>September 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,576.36 |
| 3.121 | Nonpriority creditor's name and mailing address Grainger Dept. 883187452 IL 60036-0001 Date(s) debt was incurred <u>August 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$486.69 |
| 3.122 | Nonpriority creditor's name and mailing address Hahnemann University Hospital Broad and Vine Streets Philadelphia, PA 19102 Date(s) debt was incurred <u>February 2011</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$33,714.56 |
| 3.123 | Nonpriority creditor's name and mailing address Hardy Diagnostics Inc. PO Box 715625 Columbus, OH 43271 Date(s) debt was incurred <u>March 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$49.90 |
| 3.124 | Nonpriority creditor's name and mailing address Health Mats Company 100 Pennell Street Chester, PA 19013 Date(s) debt was incurred <u>December 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,099.70 |

| Debtor | North Philadelphia Health System | Case number (if known) | 16-18931-mdc |
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| 3.125 | Nonpriority creditor's name and mailing address Hill-Rom PO Box 643592 Pittsburgh, PA 15264-3592 Date(s) debt was incurred <u>October 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,883.50 |
| 3.126 | Nonpriority creditor's name and mailing address Hobart Service ITW Food Equip. Group LLC Carol Stream, IL 60132 Date(s) debt was incurred <u>September 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$188.37 |
| 3.127 | Nonpriority creditor's name and mailing address Hologic Inc. 24506 Network Place Chicago, IL 60673-1245 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,963.64 |
| 3.128 | Nonpriority creditor's name and mailing address Hubert Company 25401 Network Place Chicago, IL 60673-1254 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$167.45 |
| 3.129 | Nonpriority creditor's name and mailing address Human Capital Consulting 5 Neshaminy Interplex Treose, PA 19053 Date(s) debt was incurred <u>October 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$17,350.00 |
| 3.130 | Nonpriority creditor's name and mailing address Imaging Services 15 Birmingham Court Felton, DE 19943-3036 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,162.61 |
| 3.131 | Nonpriority creditor's name and mailing address Immucor Inc P.O. Box 102118 Atlanta, GA 30368-2118 Date(s) debt was incurred <u>November 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,022.27 |

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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.132 | Nonpriority creditor's name and mailing address Improved Office Systems 1117 Wilde Ave Drexel Hill, PA 19026 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$301.65 |
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| 3.133 | Nonpriority creditor's name and mailing address Independence Blue Cross Attn: Jessica Tamaccio, Director Premium 1901 Market Street Philadelphia, PA 19103-1480 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Health Insurance Premiums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,660,445.00 |
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| 3.134 | Nonpriority creditor's name and mailing address Innovative Equity PO Box 602 Montgomeryville, PA 18936 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$750.00 |
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| 3.135 | Nonpriority creditor's name and mailing address Inspira Medical Center Billing Office Woodbury, NJ 08096-1697 Date(s) debt was incurred <u>September 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
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| 3.136 | Nonpriority creditor's name and mailing address Integra Lifesciences Corp PO Box 404129 Atlanta, GA 30384-4129 Date(s) debt was incurred <u>September 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$71,630.06 |
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| 3.137 | Nonpriority creditor's name and mailing address International Union-SPFPA Finance Department 25510 Kelly Road Roseville, MI 48066 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Union Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$654.69 |
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| 3.138 | Nonpriority creditor's name and mailing address Intoximeters, Inc P.O. Box 798313 Saint Louis, MO 63179-8000 Date(s) debt was incurred <u>August 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$203.20 |
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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.139 | Nonpriority creditor's name and mailing address IOD Incorporated P.O. Box 19025 Green Bay, WI 54307-9025 Date(s) debt was incurred <u>September 2011</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,646.38 |
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| 3.140 | Nonpriority creditor's name and mailing address Iron Mountain 1135 Thomas Busch Memorial Highway Attn: Curt Winters Pennsauken, NJ 08110 Date(s) debt was incurred <u>April 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$257,757.65 |
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| 3.141 | Nonpriority creditor's name and mailing address Jackson Lewis, P.C. 44 South Broadway 14th Floor White Plains, NY 10601 Date(s) debt was incurred <u>Various Times</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
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| 3.142 | Nonpriority creditor's name and mailing address Jeanes Hospital 7800 Central Avenue Philadelphia, PA 19111 Date(s) debt was incurred <u>May 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,350.00 |
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| 3.143 | Nonpriority creditor's name and mailing address Jeanes Radiology 101 Greenwood Ave Suite 151 Jenkintown, PA 19046 Date(s) debt was incurred <u>May 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$35.00 |
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| 3.144 | Nonpriority creditor's name and mailing address JobTarget LLC 225 State Street Suite 300 New London, CT 06320 Date(s) debt was incurred <u>July 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$395.00 |
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| 3.145 | Nonpriority creditor's name and mailing address John Cardullo & Sons 703 Christian Streets Philadelphia, PA 19147 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
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| Debtor | North Philadelphia Health System | Case number (if known) | 16-18931-mdc |
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| 3.146 | Nonpriority creditor's name and mailing address Johnson & Johnson Health Care Systems, Inc. 5972 Collections Ctr. Dr. Chicago, IL 60606 Date(s) debt was incurred <u>June 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,635.69 |
| 3.147 | Nonpriority creditor's name and mailing address KCI PO Box 301557 Dallas, TX 75303-1557 Date(s) debt was incurred <u>March 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$18,212.51 |
| 3.148 | Nonpriority creditor's name and mailing address Keystone First 200 Stevens Drive Suite 300 Philadelphia, PA 19113 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$436,398.00 |
| 3.149 | Nonpriority creditor's name and mailing address Keystone Mercy Health 200 Stevens Drive Philadelphia, PA 19113-1570 Date(s) debt was incurred <u>February 2007</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,861.97 |
| 3.150 | Nonpriority creditor's name and mailing address Keystone Quality Transport Co. 1260 E. Woodland Avenue Suite 220 Springfield, PA 19064 Date(s) debt was incurred <u>January 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$105,680.85 |
| 3.151 | Nonpriority creditor's name and mailing address Kreg Corporation 101 Town Green Wilton, CT 06897 Date(s) debt was incurred <u>August 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,150.00 |
| 3.152 | Nonpriority creditor's name and mailing address L-M Service Co. a/k/a Lor Mar 6710-A Westfield Avenue Pennsauken, NJ 08110 Date(s) debt was incurred <u>September 2011</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$26,655.00 |

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| Debtor North Philadelphia Health System | | Case number (if known) 16-18931-mdc |
| Name | | |

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| 3.153 | Nonpriority creditor's name and mailing address Laboratory Corp. of America P.O. Box 12140 Burlington, NC 27216 Date(s) debt was incurred <u>March 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$692.50 |
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| 3.154 | Nonpriority creditor's name and mailing address Lemaitre Vascular, Inc. P.O. Box 533177 Charlotte, NC 28290-3177 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$709.35 |
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| 3.155 | Nonpriority creditor's name and mailing address Lions Eye Institute for Transplant and Research, Inc. 1410 N. 21st Street Tampa, FL 33605 Date(s) debt was incurred <u>September 2010</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,875.00 |
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| 3.156 | Nonpriority creditor's name and mailing address Livengrin Foundations 4833 Hulmeville Road Bensalem, PA 19020 Date(s) debt was incurred <u>May 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
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| 3.157 | Nonpriority creditor's name and mailing address Living Direct 500 N. Capital of Texas Hwy Austin, TX 78746 Date(s) debt was incurred <u>February 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$473.10 |
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| 3.158 | Nonpriority creditor's name and mailing address Locumtenens.com P.O. Box 405547 Atlanta, GA 30384 Date(s) debt was incurred <u>August 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$36,025.00 |
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| 3.159 | Nonpriority creditor's name and mailing address Loeper & Associates 604 North Third Street Harrisburg, PA 17101 Date(s) debt was incurred <u>January 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$102,500.00 |
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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.160 | Nonpriority creditor's name and mailing address Lundylaw 1635 Market Street 19th Floor Philadelphia, PA 19103 Date(s) debt was incurred <u>April 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$26.07 |
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| 3.161 | Nonpriority creditor's name and mailing address M&M Scrubs Dist. Inc. 4175 Alonzo Avenue Encino, CA 91316 Date(s) debt was incurred <u>June 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$131.88 |
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| 3.162 | Nonpriority creditor's name and mailing address M*Modal Services, Ltd. P.O. Box 538504 Atlanta, GA 30353-8504 Date(s) debt was incurred <u>June 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,498.97 |
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| 3.163 | Nonpriority creditor's name and mailing address Madden Electric Assoc. Inc. P.O. Box 10 Lansdowne, PA 19050 Date(s) debt was incurred <u>March 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,337.40 |
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| 3.164 | Nonpriority creditor's name and mailing address Mainline Behavioral Health 101 South Bryn Mawr Avenue Suite 370 Bryn Mawr, PA 19010 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$355.68 |
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| 3.165 | Nonpriority creditor's name and mailing address Major Medical, Inc. 150 Cooper Rd West Berlin, NJ 08091 Date(s) debt was incurred <u>January 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,327.00 |
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| 3.166 | Nonpriority creditor's name and mailing address Mallinckrodt, Inc. P.O. Box 3542 Carol Stream, IL 60132 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,520.00 |
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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.167 | Nonpriority creditor's name and mailing address Marcum LLP 1600 Market Street 32nd Floor Philadelphia, PA 19103 Date(s) debt was incurred <u>January 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75,000.00 |
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| 3.168 | Nonpriority creditor's name and mailing address Marshall Dennehey Warner Coleman 2000 Market Street Suite 2300 Philadelphia, PA 19103 Date(s) debt was incurred <u>January 2012</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$83,589.12 |
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| 3.169 | Nonpriority creditor's name and mailing address McKesson Automation P.O. 642164 Pittsburgh, PA 15264-2164 Date(s) debt was incurred <u>March 2011</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,438.70 |
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| 3.170 | Nonpriority creditor's name and mailing address McKesson Technologies Inc. 22423 Network Place Chicago, IL 60673-1224 Date(s) debt was incurred <u>June 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$33,828.34 |
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| 3.171 | Nonpriority creditor's name and mailing address McNees Wallace & Nurick LLC P.O. Box 1166 Harrisburg, PA 17108 Date(s) debt was incurred <u>January 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$915.50 |
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| 3.172 | Nonpriority creditor's name and mailing address Med One Capital Inc. P.O. Box 271128 Salt Lake City, UT 84127 Date(s) debt was incurred <u>May 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$31.92 |
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| 3.173 | Nonpriority creditor's name and mailing address Medassets Inc. P.O. Box 405652 Atlanta, GA 30384-5652 Date(s) debt was incurred <u>May 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$18,000.00 |
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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.174 | Nonpriority creditor's name and mailing address Medco (Express Scripts) Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$20,908.00 |
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| 3.175 | Nonpriority creditor's name and mailing address Medhost 6550 Carothers Pkwy #160 Attn: Kenneth D. Misch, CFO Franklin, TN 37067 Date(s) debt was incurred <u>2014</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$266,000.00 |
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| 3.176 | Nonpriority creditor's name and mailing address Medical Components, Inc. 1499 Delp Drive Harleysville, PA 19438 Date(s) debt was incurred <u>December 2014</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$23,396.72 |
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| 3.177 | Nonpriority creditor's name and mailing address Medicare Attn: John David Smith, Manager 7500 Security Blvd. Baltimore, MD 21244-1850 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Hospital Cost Report Adjustments</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,715,363.00 |
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| 3.178 | Nonpriority creditor's name and mailing address Medicare Part B Medicare Premium Collection Center P.O. Box 790355 Saint Louis, MO 63179-0355 Date(s) debt was incurred <u>June 2016</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Medicare Premiums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$84,029.00 |
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| 3.179 | Nonpriority creditor's name and mailing address Medicus Health 4767 Broadmoor Avenue SE Suite 6 Grand Rapids, MI 49512 Date(s) debt was incurred <u>June 2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,936.00 |
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| 3.180 | Nonpriority creditor's name and mailing address Medimizer Inc. 1042 North Camino Real Suite B423 Encinitas, CA 92024 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$900.00 |

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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.181 | Nonpriority creditor's name and mailing address Medivators Inc. N.W. 9841 P.O. Box 1450 Minneapolis, MN 55485 Date(s) debt was incurred <u>November 2012</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$199.93 |
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| 3.182 | Nonpriority creditor's name and mailing address Medline Industries Inc. Box 382075 Harrisville, WV 26362-8075 Date(s) debt was incurred <u>August 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$19,726.19 |
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| 3.183 | Nonpriority creditor's name and mailing address Medtox Laboratories Inc. P.O. Box 8107 Burlington, NC 27216-8107 Date(s) debt was incurred <u>November 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$38.25 |
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| 3.184 | Nonpriority creditor's name and mailing address Mentor Worldwide LLC 15600 Collections Center Chicago, IL 60693 Date(s) debt was incurred <u>March 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$687.00 |
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| 3.185 | Nonpriority creditor's name and mailing address Mercy Life 1936 South Broad Street Philadelphia, PA 19145 Date(s) debt was incurred <u>June 2010</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,679.62 |
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| 3.186 | Nonpriority creditor's name and mailing address Mid-South Telecom, LLC P.O. Box 2044 Dept. 4100 Memphis, TN 38101 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,836.50 |
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| 3.187 | Nonpriority creditor's name and mailing address Milestone Healthcare 275 W Campbell Rd Suite #300 Richardson, TX 75080 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$83,620.00 |
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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
| 3.188 | Nonpriority creditor's name and mailing address Miller Bros. 301 Alan Wood Road Conshohocken, PA 19428 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,896.00 |
| 3.189 | Nonpriority creditor's name and mailing address Mimedx Group, Inc. 1775 West Oak Commons Ct Ne Marietta, GA 30062 Date(s) debt was incurred <u>July 2015</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$16,656.00 |
| 3.190 | Nonpriority creditor's name and mailing address Mohammad Sayeed, M.D. 201 Foulke Lane Springfield, PA 19064 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$800.00 |
| 3.191 | Nonpriority creditor's name and mailing address Monet Medical, Inc. 255 West Central Avenue Salt Lake City, UT 84107 Date(s) debt was incurred <u>September 2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,200.00 |
| 3.192 | Nonpriority creditor's name and mailing address Morris Systems P.O. Box 6769 McKinney, TX 75071 Date(s) debt was incurred <u>January 2016</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,806.00 |
| 3.193 | Nonpriority creditor's name and mailing address Morrissey Associates, Inc. 222 South Riverside Plaza Chicago, IL 60606 Date(s) debt was incurred <u>January 2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,000.00 |
| 3.194 | Nonpriority creditor's name and mailing address Mortara Instrument, Inc. 7865 North 86th Street Milwaukee, WI 53224 Date(s) debt was incurred <u>January 2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,673.35 |

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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.195 | Nonpriority creditor's name and mailing address Mr. John Paone 801 W. Girard Avenue New York, NY 10122 Date(s) debt was incurred <u>January 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,797.46 |
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| 3.196 | Nonpriority creditor's name and mailing address Mr. Russell Neugebauer 676 N 15th St Philadelphia, PA 19130 Date(s) debt was incurred <u>April 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$370.00 |
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| 3.197 | Nonpriority creditor's name and mailing address Mr. Vincent D. Gordon 466 Brookfield Road Drexel Hill, PA 19026 Date(s) debt was incurred <u>November 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,461.54 |
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| 3.198 | Nonpriority creditor's name and mailing address Mt. Vernon Partnership 228 Leona Avenue Huntingdon Valley, PA 19006 Date(s) debt was incurred <u>September 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$81,700.00 |
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| 3.199 | Nonpriority creditor's name and mailing address Musculoskeletal Transplants P.O. Box 415911 Boston, MA 02241 Date(s) debt was incurred <u>June 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,387.15 |
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| 3.200 | Nonpriority creditor's name and mailing address Musician's Friend Inc. P.O. Box 7479 Westlake Village, CA 91359 Date(s) debt was incurred <u>August 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$519.57 |
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| 3.201 | Nonpriority creditor's name and mailing address National Union Ins. Co. 1319 Locust Street Philadelphia, PA 19107 Date(s) debt was incurred <u>November 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$19,343.60 |
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| Debtor North Philadelphia Health System | | Case number (if known) 16-18931-mdc |
| Name | | |

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| 3.202 | Nonpriority creditor's name and mailing address National Union of Hospital & Healthcare Employees, 1199C 1319 Locust Street Philadelphia, PA 19107 Date(s) debt was incurred <u>November 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,279.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Union Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.203 | Nonpriority creditor's name and mailing address NCS Pearson, Inc. 13036 Collection Ctr. Dr. Chicago, IL 60693 Date(s) debt was incurred <u>March 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,574.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.204 | Nonpriority creditor's name and mailing address Nelbud Services Group 51 Koweba Lane Indianapolis, IN 46201 Date(s) debt was incurred <u>November 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,364.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.205 | Nonpriority creditor's name and mailing address Netsmart Technologies, Inc. P.O. Box 823519 Philadelphia, PA 19182-3519 Date(s) debt was incurred <u>October 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$52,624.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.206 | Nonpriority creditor's name and mailing address Northeast Fence & Iron Works 8451 Hegerman Street Philadelphia, PA 19136 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,227.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.207 | Nonpriority creditor's name and mailing address NPHS Money Purchase Pension Plan 801 W. Girard Avenue Philadelphia, PA 19122 Date(s) debt was incurred <u>1990</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,461,044.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Interest Obligations to Pension Plan Frozen in 1995</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.208 | Nonpriority creditor's name and mailing address NPHS Self Insurance Trust 801 W. Girard Avenue Attn: Chief Financial Officer Philadelphia, PA 19122 Date(s) debt was incurred <u>Various Times</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,650,048.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Obligations relating to self insured medical malpractice and general liability claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.209 | Nonpriority creditor's name and mailing address Nthrive, Inc. P.O. Box 405652 Atlanta, GA 30384-5652 Date(s) debt was incurred <u>August 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,400.00 |
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| 3.210 | Nonpriority creditor's name and mailing address Nutrition Management Services 2071 Kimberton Rd, Kimberton, PA 19442 Date(s) debt was incurred <u>2015-2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dietary and Environmental Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
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| 3.211 | Nonpriority creditor's name and mailing address Office Basic Inc. P.O. Box 2230 Marcus Hook, PA 19061 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,325.62 |
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| 3.212 | Nonpriority creditor's name and mailing address Olympus America, Inc. P.O. Box 120600 Dallas, TX 75312-0600 Date(s) debt was incurred <u>July 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,666.48 |
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| 3.213 | Nonpriority creditor's name and mailing address Optum P.O. Box 88050 Chicago, IL 60680-1050 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$94.46 |
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| 3.214 | Nonpriority creditor's name and mailing address Orkin 100 Henderson Dr Bay 103 Sharon Hill, PA 19079-1033 Date(s) debt was incurred <u>November 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,947.24 |
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| 3.215 | Nonpriority creditor's name and mailing address Osiris Therapeutics, Inc. P.O. Box 37553 Baltimore, MD 21297-3553 Date(s) debt was incurred <u>April 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$16,250.00 |
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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.216 | Nonpriority creditor's name and mailing address OT Medical 100 Springhouse Drive Suite 108 Collegeville, PA 19426 Date(s) debt was incurred <u>March 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,775.00 |
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| 3.217 | Nonpriority creditor's name and mailing address Otis Elevator Company P.O. Box 13716 Newark, NJ 07188-0716 Date(s) debt was incurred <u>May 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$206,084.73 |
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| 3.218 | Nonpriority creditor's name and mailing address Our Lady of Lourdes Medical Center P.O. Box 822099 Philadelphia, PA 19182-2099 Date(s) debt was incurred <u>June 2012</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
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| 3.219 | Nonpriority creditor's name and mailing address P.M. Associates 714 N. Bethlehem Place Suite 302 Ambler, PA 19002 Date(s) debt was incurred <u>July 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,050.00 |
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| 3.220 | Nonpriority creditor's name and mailing address PAC Industries Inc 5341 Jaycee Avenue Suite 200 Harrisburg, PA 17112 Date(s) debt was incurred <u>June 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$415.06 |
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| 3.221 | Nonpriority creditor's name and mailing address Pacific Telemanagement Service 2001 Crow Canyon Rd Ste 200 San Ramon, CA 94583 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$144.24 |
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| 3.222 | Nonpriority creditor's name and mailing address Paetec P.O. Box 9001111 Louisville, KY 40290-1111 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$877.05 |
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| Debtor North Philadelphia Health System | | Case number (if known) 16-18931-mdc |
| Name | | |

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| 3.223 | Nonpriority creditor's name and mailing address Parts Source Inc. P.O. Box 645186 Cincinnati, OH 45264-5185 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,955.00 |
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| 3.224 | Nonpriority creditor's name and mailing address Paths LLC 9 Executive Campus Cherry Hill, NJ 08002 Date(s) debt was incurred <u>January 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$59,555.55 |
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| 3.225 | Nonpriority creditor's name and mailing address Patterson Medical Sammons Preston P.O. Box 93040 Chicago, IL 60673 Date(s) debt was incurred <u>September 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$578.60 |
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| 3.226 | Nonpriority creditor's name and mailing address Paul Rabinowitz Glass Company 1401-15 N American St. Philadelphia, PA 19122 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$950.00 |
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| 3.227 | Nonpriority creditor's name and mailing address PECO 2301 Market Street Attn: Romelle Johnson, Credit Specialist Philadelphia, PA 19103 Date(s) debt was incurred <u>October 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electric Utility Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$669,126.33 |
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| 3.228 | Nonpriority creditor's name and mailing address Pennoni P.O. Box 827328 Philadelphia, PA 19182 Date(s) debt was incurred <u>September 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,500.00 |
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| 3.229 | Nonpriority creditor's name and mailing address Pennsylvania Osteopathic Association 1330 Eisenhower Blvd Harrisburg, PA 17111-2319 Date(s) debt was incurred <u>March 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Association</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,715.00 |
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| Debtor | North Philadelphia Health System | Case number (if known) | 16-18931-mdc |
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| 3.230 | Nonpriority creditor's name and mailing address Pentec Health Inc. Attn: Ms. Erma J. Lloyd PO Box 673660 Detroit, MI 48267 Date(s) debt was incurred <u>January 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,460.00 |
| 3.231 | Nonpriority creditor's name and mailing address Pharmedium Services, LLC 39797 Treasury Center Chicago, IL 60694 Date(s) debt was incurred <u>February 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,722.82 |
| 3.232 | Nonpriority creditor's name and mailing address Phila Medical Billing Inc. PO Box 1628 Horsham, PA 19044-6628 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$800.00 |
| 3.233 | Nonpriority creditor's name and mailing address Philadelphia HFMA Paths, LLC 9 Executive Campus Cherry Hill, NJ 08002 Date(s) debt was incurred <u>November 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Association</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$250.00 |
| 3.234 | Nonpriority creditor's name and mailing address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$86,052.74 |
| 3.235 | Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Services PO Box 371887 Pittsburgh, PA 15250 Date(s) debt was incurred <u>April 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,521.42 |
| 3.236 | Nonpriority creditor's name and mailing address Podiatry Residence Resource Inc. 445 Filmore Street San Francisco, CA 94117 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Association</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |

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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.237 | Nonpriority creditor's name and mailing address Pogos H. Voskanian, M.D. 1889 Nicholas Drive Huntingdon Valley, PA 19006 Date(s) debt was incurred <u>July 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,200.00 |
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| 3.238 | Nonpriority creditor's name and mailing address Praxair Distribution Mid-Atlantic PO Box 382000 Pittsburgh, PA 15250 Date(s) debt was incurred <u>November 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$26,997.90 |
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| 3.239 | Nonpriority creditor's name and mailing address Preferred Medical Transport 151 Discovery Drive Suite 108 Colmar, PA 18915 Date(s) debt was incurred <u>September 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,781.50 |
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| 3.240 | Nonpriority creditor's name and mailing address Premier Healthcare 5882 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred <u>March 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$51,602.66 |
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| 3.241 | Nonpriority creditor's name and mailing address Present Podiatry E-Learning Systems Attn: Michael Shore, DPM 5301 N. Federal Hwy. Boca Raton, FL 33487 Date(s) debt was incurred <u>April 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,600.00 |
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| 3.242 | Nonpriority creditor's name and mailing address PRS PO Box 415000 Nashville, TN 37241 Date(s) debt was incurred <u>April 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$323.40 |
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| 3.243 | Nonpriority creditor's name and mailing address Psyc-Careers/Boxwood Tech 113500 McCormick Road Executive Plaza III Philadelphia, PA 19106 Date(s) debt was incurred <u>July 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$550.00 |
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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.244 | Nonpriority creditor's name and mailing address Purchase Power PO Box 371874 Pittsburgh, PA 15250-7874 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$201.95 |
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| 3.245 | Nonpriority creditor's name and mailing address Quantum, Inc. 240 South 9th Street Philadelphia, PA 19107 Date(s) debt was incurred <u>December 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,791.70 |
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| 3.246 | Nonpriority creditor's name and mailing address Quest Diagnostics PO Box 828669 Philadelphia, PA 19182-8669 Date(s) debt was incurred <u>January 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$33,196.26 |
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| 3.247 | Nonpriority creditor's name and mailing address R.A.M.M. Inc. 15 Union Hill Road Suite 100 Conshohocken, PA 19428 Date(s) debt was incurred <u>November 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,288.00 |
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| 3.248 | Nonpriority creditor's name and mailing address Ralph H. Colflesh, Jr., Esquire 13 Michener Pl. Marlton, NJ 08053 Date(s) debt was incurred <u>October 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Arbitration Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,200.00 |
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| 3.249 | Nonpriority creditor's name and mailing address RC Medical Inc. 284 Merrow Road PO Box 833 Tolland, CT 06084 Date(s) debt was incurred <u>May 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$229.00 |
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| 3.250 | Nonpriority creditor's name and mailing address Ready Refresh By Nestle PO Box 856192 Louisville, KY 40285 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$526.80 |
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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.251 | Nonpriority creditor's name and mailing address Reclamere 905 Pennsylvania Tyrone, PA 16686 Date(s) debt was incurred <u>December 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,920.34 |
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| 3.252 | Nonpriority creditor's name and mailing address Relayhealth, Inc. PO Box 403421 Atlanta, GA 30384-3421 Date(s) debt was incurred <u>February 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30.00 |
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| 3.253 | Nonpriority creditor's name and mailing address Research & Marking Strategies, Inc. 15 E. Genesee Street Suite 210 Baldwinsville, NY 13027 Date(s) debt was incurred <u>December 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,608.50 |
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| 3.254 | Nonpriority creditor's name and mailing address Respitech Medical Inc. 250 Ranck Avenue Lancaster, PA 17602 Date(s) debt was incurred <u>April 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,000.00 |
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| 3.255 | Nonpriority creditor's name and mailing address Retreat at Lancaster County 1170 South State Street Ephrata, PA 17522 Date(s) debt was incurred <u>August 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$500.00 |
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| 3.256 | Nonpriority creditor's name and mailing address Richard Weyler, M.D. 320 Walnut Street Apt. G3 Philadelphia, PA 19106 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,805.00 |
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| 3.257 | Nonpriority creditor's name and mailing address Ricoh Americas Corp. P.O. Box 827577 Philadelphia, PA 19182 Date(s) debt was incurred <u>March 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rental Payments</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$97,185.95 |

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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.258 | Nonpriority creditor's name and mailing address Riddle Hospital P.O. Box 8500-1242 Philadelphia, PA 19178-1242 Date(s) debt was incurred <u>April 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
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| 3.259 | Nonpriority creditor's name and mailing address Riehs Florist 1020 N. 5th Street Philadelphia, PA 19123 Date(s) debt was incurred <u>March 2012</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$147.00 |
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| 3.260 | Nonpriority creditor's name and mailing address Rittenhouse Imaging 101 Greenwood Avenue Jenkintown, PA 19046 Date(s) debt was incurred <u>February 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,000.00 |
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| 3.261 | Nonpriority creditor's name and mailing address Roche Diagnostics Corp. Mail Code 5508 P.O. Box 10546 Atlanta, GA 30348-5046 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,287.36 |
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| 3.262 | Nonpriority creditor's name and mailing address Roto-Rooter Services, Co. 5272 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred <u>March 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$558.18 |
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| 3.263 | Nonpriority creditor's name and mailing address Royal Bank America Leasing L.P. 550 Township Line Road, Suite 425 Attn: Keith A. Brinks, Managing Partner Blue Bell, PA 19422 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lease Obligations</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$472,595.00 |
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| 3.264 | Nonpriority creditor's name and mailing address RR Donnelley P.O. Box 538602 Atlanta, GA 30353 Date(s) debt was incurred <u>January 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$758.20 |
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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.265 | Nonpriority creditor's name and mailing address S.R. Wojdak & Associates 200 South Broad Street Suite 850 Philadelphia, PA 19102 Date(s) debt was incurred <u>June 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,500.00 |
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| 3.266 | Nonpriority creditor's name and mailing address Sage 506 Deanne Lane Charleston, SC 29492 Date(s) debt was incurred <u>December 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,875.00 |
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| 3.267 | Nonpriority creditor's name and mailing address School Specialty, Inc. 32656 Collection Center Drive Chicago, IL 60693-0326 Date(s) debt was incurred <u>November 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$228.32 |
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| 3.268 | Nonpriority creditor's name and mailing address Select Biomedical 7275 Bush Lake Road Minneapolis, MN 55439 Date(s) debt was incurred <u>June 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,373.06 |
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| 3.269 | Nonpriority creditor's name and mailing address Sepe Inc 245 Fisher Ave C-4 Costa Mesa, CA 92627 Date(s) debt was incurred <u>October 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,466.25 |
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| 3.270 | Nonpriority creditor's name and mailing address Shamrock Scientific Specialty Systems, I 34 Davis Drive P.O. Box 143 Bensenville, IL 60105 Date(s) debt was incurred <u>January 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,192.57 |
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| 3.271 | Nonpriority creditor's name and mailing address Siemens Financial Service P.O. Box 2083 Carol Stream, IL 60132 Date(s) debt was incurred <u>February 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,537.36 |
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| Debtor | Name | Case number (if known) | |
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| | North Philadelphia Health System | | 16-18931-mdc |
| 3.272 | Nonpriority creditor's name and mailing address Siemens Industry, Inc. P.O. Box 2134 Carol Stream, IL 60132-2134 Date(s) debt was incurred <u>December 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,615.00 |
| 3.273 | Nonpriority creditor's name and mailing address Simplex Grinnell 283 Gilbraltar Road Horsham, PA 19044 Date(s) debt was incurred <u>December 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$63,135.98 |
| 3.274 | Nonpriority creditor's name and mailing address Sinclair Exterminating Inc. P.O. Box 1206 Chadds Ford, PA 19317 Date(s) debt was incurred <u>September 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,650.00 |
| 3.275 | Nonpriority creditor's name and mailing address Smith & Nephew Credit Dept 150 Minuteman Rd Andover, MA 01810 Date(s) debt was incurred <u>June 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,355.21 |
| 3.276 | Nonpriority creditor's name and mailing address Southern Computer Warehouse P.O. Box 538035 Atlanta, GA 30353-8035 Date(s) debt was incurred <u>May 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,001.00 |
| 3.277 | Nonpriority creditor's name and mailing address Southwest Consulting Associates 2805 Dallas Parkway Suite 620 Plano, TX 75093 Date(s) debt was incurred <u>August 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$132,482.00 |
| 3.278 | Nonpriority creditor's name and mailing address Spok, Inc. P.O. Box 660324 Dallas, TX 75266 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,399.38 |

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| Debtor | North Philadelphia Health System Name | Case number (if known) | 16-18931-mdc |
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| 3.279 | Nonpriority creditor's name and mailing address Sprint P.O. Box 4181 Carol Stream, IL 60197 Date(s) debt was incurred <u>March 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$879.54 |
|-------|--|--|-----------------|

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|-------|--|--|-------------------|
| 3.280 | Nonpriority creditor's name and mailing address St Jude Medical 22400 Network Place Chicago, IL 60673-1224 Date(s) debt was incurred <u>August 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,395.00 |
|-------|--|--|-------------------|

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|-------|---|--|--------------------|
| 3.281 | Nonpriority creditor's name and mailing address Staff Care Inc. P.O. Box 281923 Atlanta, GA 30384-1923 Date(s) debt was incurred <u>October 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30,415.90 |
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| 3.282 | Nonpriority creditor's name and mailing address State Collections Service Inc 2509 S. Stoughton Road Madison, WI 53716 Date(s) debt was incurred <u>October 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection Agency</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
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| 3.283 | Nonpriority creditor's name and mailing address Stellen Medical 1290 Hammond Road Saint Paul, MN 55110 Date(s) debt was incurred <u>October 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,400.00 |
|-------|---|--|-------------------|

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|-------|---|--|--------------------|
| 3.284 | Nonpriority creditor's name and mailing address Stericycle 2850 100th Court NE Carol Stream, IL 60197 Date(s) debt was incurred <u>November 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$34,207.01 |
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| 3.285 | Nonpriority creditor's name and mailing address Stericycle Specialty Waste Solution Inc. 2850 100th Court NE Saginaw, MN 55779 Date(s) debt was incurred <u>March 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,107.20 |
|-------|---|--|-------------------|

| Debtor | North Philadelphia Health System | Case number (if known) | 16-18931-mdc |
|--------|--|--|--------------------|
| 3.286 | Nonpriority creditor's name and mailing address Steris Corp. P.O. Box 644063 Pittsburgh, PA 15264 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,561.79 |
| 3.287 | Nonpriority creditor's name and mailing address STFM 11400 Tomahawk Creek Pkwy Leawood, KS 66211 Date(s) debt was incurred <u>November 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$320.00 |
| 3.288 | Nonpriority creditor's name and mailing address Stryker Orthopedics P.O. Box 93213 Chicago, IL 60603 Date(s) debt was incurred <u>August 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,920.00 |
| 3.289 | Nonpriority creditor's name and mailing address Sysmex America Inc. 39923 Treasury Center Chicago, IL 60694-9900 Date(s) debt was incurred <u>September 2012</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$19,734.84 |
| 3.290 | Nonpriority creditor's name and mailing address Taffaro Marketing Group 705 Hedrick Street Salisbury, NC 28144 Date(s) debt was incurred <u>August 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,000.00 |
| 3.291 | Nonpriority creditor's name and mailing address TEI Medical Accts Rec Suite 4900 1000 Winter Street Waltham, MA 02451 Date(s) debt was incurred <u>March 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,672.59 |
| 3.292 | Nonpriority creditor's name and mailing address Temple University Hospital Broad & Ontario Sts. Philadelphia, PA 19140 Date(s) debt was incurred <u>September 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80,449.09 |

| Debtor | North Philadelphia Health System | Case number (if known) | 16-18931-mdc |
|--------|--|---|---------------------|
| 3.293 | Nonpriority creditor's name and mailing address Temptime Corp P.O. Box 28744 New York, NY 10087 Date(s) debt was incurred <u>June 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$315.59 |
| 3.294 | Nonpriority creditor's name and mailing address The Automated Office 9 Executive Campus Cherry Hill, NJ 08002 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,179.20 |
| 3.295 | Nonpriority creditor's name and mailing address The Hospital & Healthsystem Association P.O. Box 3344 Harrisburg, PA 17105-3344 Date(s) debt was incurred <u>May 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Association</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
| 3.296 | Nonpriority creditor's name and mailing address The Hospitals & Higher Education Authority of Philadelphia 1800 John F. Kennedy Blvd, Suite 1800 Attn: James P. Baker, President Philadelphia, PA 19103 Date(s) debt was incurred <u>1997</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Bond Issuance Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$104,871.00 |
| 3.297 | Nonpriority creditor's name and mailing address The Poison Control Center 34th Street & Civic Center Blvd. Philadelphia, PA 19104-4399 Date(s) debt was incurred <u>October 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,100.00 |
| 3.298 | Nonpriority creditor's name and mailing address The Veteran Journal, Inc. 11024 Balboa Blvd Suite 417 Granada Hills, CA 91344 Date(s) debt was incurred <u>October 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$295.00 |
| 3.299 | Nonpriority creditor's name and mailing address Thomas Jefferson University Hospital 129 South 9th Street Philadelphia, PA 19107 Date(s) debt was incurred <u>December 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,750.00 |

| Debtor | North Philadelphia Health System | Case number (if known) | 16-18931-mdc |
|--------|--|---|-------------------|
| 3.300 | Nonpriority creditor's name and mailing address Time & Parking Controls 7716 West Chester Pike Upper Darby, PA 19082 Date(s) debt was incurred <u>July 2011</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,830.00 |
| 3.301 | Nonpriority creditor's name and mailing address TPS IV of PA LLC 230 N Broad Street Philadelphia, PA 19102-1121 Date(s) debt was incurred <u>November 2011</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$205.91 |
| 3.302 | Nonpriority creditor's name and mailing address United Healthcare Insurance Company P.O. Box 101760 Atlanta, GA 30392 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,861.92 |
| 3.303 | Nonpriority creditor's name and mailing address United Rentals, Inc. P.O. Box 100711 Atlanta, GA 30384-0711 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,544.82 |
| 3.304 | Nonpriority creditor's name and mailing address Universal Hospital Services, Inc. P.O. Box 851313 Minneapolis, MN 55485-1313 Date(s) debt was incurred <u>Mrch 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,330.00 |
| 3.305 | Nonpriority creditor's name and mailing address University of Pennsylvania Health System HUP Patient Pay P.O. Box 824336 Philadelphia, PA 19182 Date(s) debt was incurred <u>March 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
| 3.306 | Nonpriority creditor's name and mailing address UNUM P.O. Box 406946 Atlanta, GA 30384-6946 Date(s) debt was incurred <u>November 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,407.00 |

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| Debtor North Philadelphia Health System | | Case number (if known) 16-18931-mdc |
| Name | | |

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|-------|---|--|-------------------|
| 3.307 | Nonpriority creditor's name and mailing address US Bank CM-9690 Saint Paul, MN 55170-9690 Date(s) debt was incurred <u>July 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,000.00 |
|-------|---|--|-------------------|

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|-------|--|--|-----------------|
| 3.308 | Nonpriority creditor's name and mailing address Verizon P.O. Box 4832 Trenton, NJ 08650-4832 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$252.08 |
|-------|--|--|-----------------|

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|-------|---|--|---------------------|
| 3.309 | Nonpriority creditor's name and mailing address Verizon I P.O. Box 15124 Albany, NY 12212-5124 Date(s) debt was incurred <u>May 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$263,791.94 |
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|-------|--|--|-------------------|
| 3.310 | Nonpriority creditor's name and mailing address Verizon Wireless PO Box 660108 Dallas, TX 75266-0108 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,604.10 |
|-------|--|--|-------------------|

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|-------|---|--|-------------------|
| 3.311 | Nonpriority creditor's name and mailing address Virtua Health P.O. Box 8500-8267 Philadelphia, PA 19187-8267 Date(s) debt was incurred <u>April 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
|-------|---|--|-------------------|

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|-------|---|--|-------------------|
| 3.312 | Nonpriority creditor's name and mailing address Vorizon Labs P.O. Box 362 Callicoon Center, NY 12724 Date(s) debt was incurred <u>September 2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,206.95 |
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|-------|--|---|-------------------|
| 3.313 | Nonpriority creditor's name and mailing address VWR International LLC P.O. Box 640169 Pittsburgh, PA 15264 Date(s) debt was incurred <u>February 2014</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,845.43 |
|-------|--|---|-------------------|

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|--------|--|---|---------------------|
| Debtor | North Philadelphia Health System | Case number (if known) | 16-18931-mdc |
| Name | | | |
| 3.314 | Nonpriority creditor's name and mailing address W.L. Gore & Associates, Inc. P.O. Box 751331 Charlotte, NC 28275 Date(s) debt was incurred <u>October 2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$575.00 |
| 3.315 | Nonpriority creditor's name and mailing address Walker Communications 7901 Henry Avenue Apt. B505 Philadelphia, PA 19128 Date(s) debt was incurred <u>September 2016</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$17,200.00 |
| 3.316 | Nonpriority creditor's name and mailing address Walter DeTreuX, Esquire P.O. Box 11567 Philadelphia, PA 19116 Date(s) debt was incurred <u>September 2015</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services Arbitration</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,850.00 |
| 3.317 | Nonpriority creditor's name and mailing address Wanda Hall c/o Robert A. Gelinas, Esquire 22 S 18th Street Philadelphia, PA 19103 Date(s) debt was incurred <u>2014</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Premises Liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$130,000.00 |
| 3.318 | Nonpriority creditor's name and mailing address Wasserstrom Co. 477 S. Front Street Columbus, OH 43215 Date(s) debt was incurred <u>February 2012</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,239.50 |
| 3.319 | Nonpriority creditor's name and mailing address Waste Management of Philadelphia-South P.O. Box 13648 Philadelphia, PA 19101-3648 Date(s) debt was incurred <u>December 2016</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,963.09 |
| 3.320 | Nonpriority creditor's name and mailing address Wayman Fire Protection, Inc. 403 Meco Drive Wilmington, DE 19804 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$21,791.00 |

Debtor **North Philadelphia Health System** Case number (if known) **16-18931-mdc**
Name

3.321 Nonpriority creditor's name and mailing address **Wellsoft**
27 World's Fair Drive
Somerset, NJ 08873
Date(s) debt was incurred **February 2013**
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$128,772.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Trade debt**
Is the claim subject to offset? ☒ No ☐ Yes

3.322 Nonpriority creditor's name and mailing address **Werfen USA LLC**
P.O. Box 347934
Pittsburgh, PA 15251-4934
Date(s) debt was incurred **January 2016**
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$9,196.12**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Trade debt**
Is the claim subject to offset? ☒ No ☐ Yes

3.323 Nonpriority creditor's name and mailing address **William Laboratories, Inc.**
5 Anngina Drive
Unit B
Enfield, CT 06082
Date(s) debt was incurred **July 2013**
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$305.64**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Trade debt**
Is the claim subject to offset? ☒ No ☐ Yes

3.324 Nonpriority creditor's name and mailing address **Wright Medical Technology, Inc.**
P.O. Box 503482
Saint Louis, MO 63150-3482
Date(s) debt was incurred **September 2015**
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$21,120.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Trade debt**
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts
5a. \$ **46,359.08**
5b. + \$ **28,926,174.77**

5c. \$ **28,972,533.85**